



822 West Liberty, Sumter, South Carolina 29151 * 1-800-688-4748 * 1-803-436-2640 * Fax: 1-803-436-2652

MEMORIAL PARK GAZEBO RESERVATION FORM

The City of Sumter welcomes you to **Memorial Park**. The gazebo is available for the public to enjoy. In reserving the gazebo, you must agree to the following conditions:

GENERAL RULES:

- Leave the gazebo and its surrounding area as you find them.
- Amplified music is **NOT** allowed and electrical or battery operated equipment is allowed only with **prior approval**.
- **Inflatables are NOT permitted.**
- The activities must take place during operating hours of the park: **10:00 am – 6:00pm**.
- Privacy is **NOT** guaranteed for weddings or parties.
- Tables or decoration of any kind must have prior approval.
- Chairs are allowed provided they are only placed on the concrete pad.
- All external structures must have prior approval.
- Smoking is Prohibited.
- **NO ALCOHOLIC BEVERAGES ALLOWED.**
- A **two weeks** cancellation notice is required and a new date can be rescheduled within 60 days.
- **The person reserving the gazebo is accountable for observance of the above conditions and conduct of guests with consideration to the surrounding residential area.**

I _____ HAVE READ AND AGREE TO THE ABOVE CONDITIONS FOR THE USE OF MEMORIAL PARK GAZEBO WITH THE UNDERSTANDING OF COMPLETE RESPONSIBILITY OF ADHERENCE TO THE RULES.

Reservation Fee: **\$25.00 per two hour increments**

Cancellation Policy: The reservation fee is only refundable if a **30 day written notice** is received prior to the event.

Initials

Event date *and* time

Name (print)

Event type

Number of Guests

RENTAL APPLICATION

(Memorial Park Gazebo)

(ALL QUESTIONS MUST BE ANSWERED)

Today's Date: _____ Event Date Requested: _____

Name of Organization: _____

Organization Phone: _____

Name of Person Responsible for Use: _____

Address: _____

Day Phone: _____ Night Phone: _____

Name of Person Responsible for Payment (If same as above please write same):

Name: _____

Address: _____

Phone: _____

Type/Details of Event: _____

Number of Attendees: _____ Event Coordinator: _____

**FINAL REQUEST FOR RESERVATION
(Memorial Park Gazebo)**

I have read the conditions for the use of the Memorial Park Gazebo and agree to see that all regulations are strictly adhered to and carried out. I am aware that violations of the regulations will result in vacating the premises immediately and/or not using the facility in the future.

(Print Name) Signature Date

(Signature of Visitors Center Staff) Date

For Office Use and Refund Approvals:

Check#: _____ Cash: _____ Credit Card#: _____

Payment Made By: _____ Exp. Date: _____ VIN#: _____

Balance Due: _____ Total Paid: _____

Reservation Fee Received: _____ Revenue: 110-0000-364.44-20

Event date: _____

Event Information for Refunds: (Print all information)

Name for Check to be made out to: _____

Address: _____

Signature Date